

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission:: Paper

Computer Readable Form (CRF)?:: Yes

Number of Copies of CRF:: 1

Title:: DIPEPTIDYLPEPTIDASES AND METHODS OF  
USE

Attorney Docket Number:: 235.00440101

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency:: National Institutes of Health

Contract or Grant Numbers:: DE 09761

Secrecy Order in Parent Appl.?: No

1000355-10301

10008355-110801

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	
Family Name::	Travis
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	GA
Country of Residence::	US
Street of Mailing Address::	825 Riverbend Parkway
City of Mailing Address::	Athens
State or Province of Mailing Address::	GA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	30605
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Poland
Status::	Full Capacity
Given Name::	Jan
Middle Name::	S
Family Name::	Potempa
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	GA
Country of Residence::	US
Street of Mailing Address::	170 Barrington Drive, Apt. 102
City of Mailing Address::	Athens
State or Province of Mailing Address::	GA

Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 30605

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Poland  
Status:: Full Capacity  
Given Name:: Agnieszka  
Middle Name::  
Family Name:: Banbula  
Name Suffix::  
City of Residence:: Chapel Hill  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of Mailing Address:: 6204 Drew Hill Lane  
City of Mailing Address:: Chapel Hill  
State or Province of Mailing Address:: NC  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 27514

#### **Correspondence Information**

Correspondence Customer Number:: 26813

Name Line One::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

Phone Number:: (612) 305-1220  
Fax Number:: (612) 305-1228  
E-Mail Address::

### Representative Information

Representative Customer Number::	26813	
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/246,827	11/08/00

### Assignee Information

Assignee Name:: The University of Georgia Research Foundation,  
Inc.  
Street of Mailing Address:: Boyd Graduate Studies Research Center  
City of Mailing Address:: Athens  
State or Province of Mailing Address:: GA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 30602-7411

FOBIOT-55580001